

|               |               |             |
|---------------|---------------|-------------|
| Miller (CA)   | Rahall        | Stupak      |
| Minge         | Rangel        | Tanner      |
| Mink          | Reed          | Taylor (MS) |
| Moakley       | Richardson    | Tejeda      |
| Mollohan      | Rivers        | Thompson    |
| Montgomery    | Roemer        | Thornton    |
| Moran         | Rose          | Thurman     |
| Murtha        | Roukema       | Torres      |
| Nadler        | Roybal-Allard | Towns       |
| Oberstar      | Rush          | Trafigant   |
| Obey          | Sabo          | Velazquez   |
| Olver         | Sanders       | Vento       |
| Ortiz         | Sawyer        | Visclosky   |
| Orton         | Schroeder     | Volkmer     |
| Owens         | Schumer       | Ward        |
| Pallone       | Scott         | Waters      |
| Pastor        | Serrano       | Watt (NC)   |
| Payne (NJ)    | Sisisky       | Waxman      |
| Payne (VA)    | Skaggs        | Williams    |
| Pelosi        | Skelton       | Wise        |
| Peterson (FL) | Slaughter     | Woolsey     |
| Peterson (MN) | Spratt        | Wynn        |
| Pickett       | Stark         | Yates       |
| Pomeroy       | Stenholm      |             |
| Poshard       | Studds        |             |

NOT VOTING—16

|              |              |             |
|--------------|--------------|-------------|
| Becerra      | Lantos       | Stokes      |
| Bryant (TX)  | McNulty      | Torricelli  |
| Collins (IL) | Neal         | Weldon (PA) |
| Conyers      | Ros-Lehtinen | Wilson      |
| Fields (LA)  | Smith (TX)   |             |
| Fowler       | Smith (WA)   |             |

So the previous question on the resolution was ordered.

The question being put, viva voce, Will the House agree to said resolution?

The SPEAKER pro tempore, Mr. KOLBE, announced that the yeas had it.

So the resolution was agreed to.

A motion to reconsider the vote whereby said resolution was agreed to was, by unanimous consent, laid on the table.

137.21 FURTHER MESSAGE FROM THE SENATE

A message from the Senate by Mr. Lundregan, one of its clerks, announced that the Senate has passed without amendment a bill and joint resolution of the House of the following titles:

H.R. 3136. An Act to provide for enactment of the Senior Citizens' Right to Work Act of 1996, the Line-Item Veto Act, and the Small Business Growth and Fairness Act of 1996, and to provide for a permanent increase in the public debt limit; and

H.J. Res. 168. Joint resolution waiving certain enrollment requirements with respect to two bills of the One Hundred Fourth Congress.

The message also announced that the Senate agrees, to the report of the committee of conference on the disagreeing votes of the two House on the amendment of the Senate to the bill (H.R. 2854) "An Act to modify the operation of certain agricultural programs".

137.22 HEALTH CARE COVERAGE

Mr. ARCHER, pursuant to House Resolution 392, called up the bill (H.R. 3103) to amend the Internal Revenue Code of 1986 to improve portability and continuity of health insurance coverage in the group and individual markets, to combat waste, fraud, and abuse in health insurance and health care delivery, to promote the use of medical savings accounts, to improve access to long-term care services and coverage,

to simplify the administration of health insurance, and for other purposes.

When said bill was considered and read twice.

Pursuant to House Resolution 392, the following amendment in the nature of a substitute consisting of the text of H.R. 3160, modified by the amendment specified in Part 1 of House Report 104-501, was considered as adopted:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Health Coverage Availability and Affordability Act of 1996".

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—IMPROVED AVAILABILITY AND PORTABILITY OF HEALTH INSURANCE COVERAGE

Subtitle A—Coverage Under Group Health Plans

Sec. 101. Portability of coverage for previously covered individuals.

Sec. 102. Limitation on preexisting condition exclusions; no application to certain newborns, adopted children, and pregnancy.

Sec. 103. Prohibiting exclusions based on health status and providing for enrollment periods.

Sec. 104. Enforcement.

Subtitle B—Certain Requirements for Insurers and HMOs in the Group and Individual Markets

PART 1—AVAILABILITY OF GROUP HEALTH INSURANCE COVERAGE

Sec. 131. Guaranteed availability of general coverage in the small group market.

Sec. 132. Guaranteed renewability of group coverage.

PART 2—AVAILABILITY OF INDIVIDUAL HEALTH INSURANCE COVERAGE

Sec. 141. Guaranteed availability of individual health insurance coverage to certain individuals with prior group coverage.

Sec. 142. Guaranteed renewability of individual health insurance coverage.

PART 3—ENFORCEMENT

Sec. 151. Incorporation of provisions for State enforcement with Federal fallback authority.

Subtitle C—Affordable and Available Health Coverage Through Multiple Employer Pooling Arrangements

Sec. 161. Clarification of duty of the Secretary of Labor to implement provisions of current law providing for exemptions and solvency standards for multiple employer health plans.

"PART 7—RULES GOVERNING REGULATION OF MULTIPLE EMPLOYER HEALTH PLANS

"Sec. 701. Definitions.

"Sec. 702. Clarification of duty of the Secretary to implement provisions of current law providing for exemptions and solvency standards for multiple employer health plans.

"Sec. 703. Requirements relating to sponsors, boards of trustees, and plan operations.

"Sec. 704. Other requirements for exemption.

"Sec. 705. Maintenance of reserves.

"Sec. 706. Notice requirements for voluntary termination.

"Sec. 707. Corrective actions and mandatory termination.

"Sec. 708. Additional rules regarding State authority."

Sec. 162. Affordable and available fully insured health coverage through voluntary health insurance associations.

Sec. 163. State authority fully applicable to self-insured multiple employer welfare arrangements providing medical care which are not exempted under new part 7.

Sec. 164. Clarification of treatment of single employer arrangements.

Sec. 165. Clarification of treatment of certain collectively bargained arrangements.

Sec. 166. Treatment of church plans.

Sec. 167. Enforcement provisions relating to multiple employer welfare arrangements.

Sec. 168. Cooperation between Federal and State authorities.

Sec. 169. Filing and disclosure requirements for multiple employer welfare arrangements offering health benefits.

Sec. 170. Single annual filing for all participating employers.

Sec. 171. Effective date; transitional rule.

Subtitle D—Definitions; General Provisions

Sec. 191. Definitions; scope of coverage.

Sec. 192. State flexibility to provide greater protection.

Sec. 193. Effective date.

Sec. 194. Rule of construction.

Sec. 195. Findings relating to exercise of commerce clause authority.

TITLE II—PREVENTING HEALTH CARE FRAUD AND ABUSE; ADMINISTRATIVE SIMPLIFICATION; MEDICAL LIABILITY REFORM

Sec. 200. References in title.

Subtitle A—Fraud and Abuse Control Program

Sec. 201. Fraud and abuse control program.

Sec. 202. Medicare integrity program.

Sec. 203. Beneficiary incentive programs.

Sec. 204. Application of certain health anti-fraud and abuse sanctions to fraud and abuse against Federal health care programs.

Sec. 205. Guidance regarding application of health care fraud and abuse sanctions.

Subtitle B—Revisions to Current Sanctions for Fraud and Abuse

Sec. 211. Mandatory exclusion from participation in medicare and State health care programs.

Sec. 212. Establishment of minimum period of exclusion for certain individuals and entities subject to permissive exclusion from medicare and State health care programs.

Sec. 213. Permissive exclusion of individuals with ownership or control interest in sanctioned entities.

Sec. 214. Sanctions against practitioners and persons for failure to comply with statutory obligations.

Sec. 215. Intermediate sanctions for medicare health maintenance organizations.

Sec. 216. Additional exception to anti-kickback penalties for discounting and managed care arrangements.

Sec. 217. Criminal penalty for fraudulent disposition of assets in order to obtain medicaid benefits.

Sec. 218. Effective date.

Subtitle C—Data Collection

Sec. 221. Establishment of the health care fraud and abuse data collection program.